BEST AVAILABLE COPY

							Application or Docket Number						
	PATENT A	RD OF				1							
Effective October 1, 2000								09848020/GRN0135					
		SMALI			-	OTHER	-						
_			(Column	1)	(Colu	mn 2)	TYPE			OR	SMALL		
TOTAL CLAIMS			18					Ε	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		·	-0		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 = *			0	X40=			OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM PR	RESENT	•			+135	j=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	VL Z) 	OR	TOTAL			
CLAIMS AS AMENDED - PART II							0 0_				OTHER		
(Column_1) (Column_2) (Column_3)							SMA	LL EN		OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	MBER OUSLY	PRESENT EXTRA	RAT	E TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	. 12	Minus	** 6	20	= /	X\$ 9	=		OR	X\$18=		
AMENDMENT	Independent	•]	Minus	***	3	= /	X40:	_		OR	X80=/		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	Γ CLAIM		+135	_		OR	+270=		
							TO	TAL		ΩP	TOTAL		
		(Column 3)	ADDIT. F	EE			ADDIT. FEE	ļ					
		(Column 1) CLAIMS	titles her	HIGH	mn 2) HEST				ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RAT	E TI	ONAL FEE		RATE	TIONAL FEE	
NON	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME	Independent	TATION OF MU	Minus	***	T CL AINA	=	X40:	=		OR	X80=		
<u> </u>	FIRST PRESE	NIATION OF IVI	JLIIPLE DEF	PINDEIN	LOLATIVI		+135	=		OR	+270=		
							· TO` ADDIT. F				TOTAL ADDIT. FEE		
		(Column 1)	(Column 3)	AUDIT. 1	· E C		•	ADDIT. 1 EE,					
1		CLAIMS	1. The 18 1. 18	HIGH	mn 2) HEST	1		Ιρ	DDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATI	E TI	ONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X40=				X80=		
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• ((5.1) to to	e e e e e e e e e e e e e e e e e e e		Ois	#01 in an		+135	=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		mber Previously Pa nber Previously Pai							oriate bo				